# MULTIPLE DEPENDENT CLAIM
## FEE CALCULATION SHEET
### (FOR USE WITH FORM PTO-875)

| SERIAL NO. | FILING DATE |
|---|---|
| 09/673,710 | |

**APPLICANT(S)**

## CLAIMS

| | AS FILED IND. | AS FILED DEP. | AFTER 1st AMENDMENT IND. | AFTER 1st AMENDMENT DEP. | AFTER 2nd AMENDMENT IND. | AFTER 2nd AMENDMENT DEP. |
|---|---|---|---|---|---|---|
| 1 | 1 | | 1 | | | |
| 2 | | 1 | | 1 | | |
| 3 | | 2 | | | | |
| 4 | | ① | | 2 | | |
| 5 | | ① | | 2 | | |
| 6 | | ① | | 2 | | |
| 7 | | ① | | 1 | | |
| 8 | | 1 | | 1 | | |
| 9 | | 1 | | 1 | | |
| 10 | | ① | | 3 | | |
| 11 | | ① | | 3 | | |
| 12 | | ① | | 3 | | |
| 13 | | ① | | 3 | | |
| 14 | | 1 | | 3 | | |
| 15 | | 1 | | 3 | | |
| 16 | | 2 | | 3 | | |
| 17 | | ① | | 3 | | |
| 18 | | ① | | 3 | | |
| 19 | | ① | | 3 | | |
| 20 | | 1 | | 3 | | |
| 21 | | 1 | | 3 | | |
| 22 | | ① | | 3 | | |
| 23 | | ① | | 3 | | |
| 24 | | ① | | 3 | | |
| 25 | | 2 | | 3 | | |
| 26 | | ① | | 3 | | |
| 27 | | ① | | 3 | | |
| 28 | | ① | | 3 | | |
| 29 | | 1 | | 3 | | |
| 30 | | 1 | | 3 | | |
| 31 | | ① | | 3 | | |
| 32 | | ① | | ① | | |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | 1 | | | |
| TOTAL CLAIMS | | 77 / 78 | | | | |

| | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | | | |
| TOTAL DEP. | | | | | | | |
| TOTAL CLAIMS | | | | | | | |

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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(703) 305-3831